



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

OCT 24 1997

Gerald L. Baker, Treasurer
American Health Care Association
Political Action Committee (AHCA-PAC)
1201 L Street NW
Washington, DC 20005

Identification Number: C00006080

Reference: July Monthly (6/1/97-6/30/97) and Amended July Monthly (6/1/97-
6/30/97 dated 7/25/97) Reports

Dear Mr. Baker:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

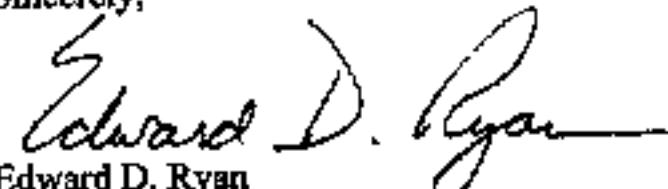
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions from other political committees (such as PACs) should be properly disclosed on a separate Schedule A, supporting Line 11(c) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing. In addition, you may have to amend any subsequent report(s) affected by this correction.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Edward D. Ryan
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page of for
 LINE NUMBER
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement R-19 -NY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/23/97	Amount of Each Disbursement This Period 0.00
B. Full Name, Mailing Address and ZIP Code Jon Christensen PO Box 549621 Omaha, NE 68154	Purpose of Disbursement - -NE 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/24/97	Amount of Each Disbursement This Period 4,000.00
C. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/26/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/24/97	Amount of Each Disbursement This Period 200
E. Full Name, Mailing Address and ZIP Code Steve Largent 2424 East 21 Street Tulsa, OK 74114	Purpose of Disbursement R-1 -OK 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/24/97	Amount of Each Disbursement This Period 4,500.00
F. Full Name, Mailing Address and ZIP Code Ed Whitfield PO Box 391 Hopkinsville, KY 42241	Purpose of Disbursement R-1 -KY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/24/97	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code John Peterson PO Box 195 Pleasantville, PA 16341	Purpose of Disbursement R- -PA 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/06/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Virgil Goode 112 N Main Street Rocky Mount, VA 24151	Purpose of Disbursement D- -VA 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/06/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Chip Pickering 661 Highway 51 North Ridgeland, MS 39157	Purpose of Disbursement R- -MS 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06/24/97	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			11,598.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page _____ of _____ for
 LINE NUMBER _____
 (Use separate schedules for each
 category of the Detailed
 Summary Page)

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Name of Committee (in full)

**AMERICAN HEALTHCARE ASSOCIATION
POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
NEWE GINGRICH 221 UPPGR KINGDALE RD JONESBORO, GA 30236	98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/24/97	(1000.00)
CHRISTOPHER DODD 18 HUNTINGTON PLACE NORWICH, CT 06360	98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/24/97	(5000.00)
JOHN ENSIGN 8917 STAFFORD SPRINGS DR LAS VEGAS, NV 89134	98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/6/97	(500.00)
RICK LOZILO P. O. BOX 5063 BAY SHORE, NY 11718	98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/6/97	(1000.00)
BILL PAXON 19 MAPLE AVENUE VICTOR, NY 14564	98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/6/97	(1000.00)
JACK REED 200 MIDWAY RD, #168 CRANSTON, RI 02920	98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/6/97	(1000.00)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			(9,500.00)
TOTAL This Period (last page this line number only)			(9,500.00)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page _____ of _____ for
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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	Purpose of Disbursement R-19 -CA 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
B. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
C. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
D. Full Name, Mailing Address and ZIP Code Pete Stark PO Box 121 Haywards, CA 94543	Purpose of Disbursement D- -CA 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Marion Barry PO Box 8084 Jonesboro, AR 72055	Purpose of Disbursement - -AR 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
F. Full Name, Mailing Address and ZIP Code John Cooksey 1310 North 19th ST Monroe, LA 71201	Purpose of Disbursement - -LA 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
G. Full Name, Mailing Address and ZIP Code Kenny Hutchaf 1005 Cherry Streets Suite 203 Columbia, MO 65201	Purpose of Disbursement R- -MO 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
H. Full Name, Mailing Address and ZIP Code Diana DeGette 770 Grant Street #218 Denver, CO 80203	Purpose of Disbursement - -CO 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/15/97	\$00.00
I. Full Name, Mailing Address and ZIP Code Eric Serna PO Box 8254 Santa Fe, NM 87504	Purpose of Disbursement - -NM 98 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/28/97	\$00.00
SUBTOTAL of Disbursements This Page (optional)			\$000.00
TOTAL This Period (use one this line number only)			

SCHEDULE 6

ITEMIZED DISBURSEMENTS

Page ____ of ____ for
 LINE NUMBER _____
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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	R-0002-NY 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
B. Full Name, Mailing Address and ZIP Code Ted Strickland P.O. Box 580 Lucasville, OH 45648	Purpose of Disbursement D-0006-OH 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	500.00	
C. Full Name, Mailing Address and ZIP Code Karen Thurman PO Box 5058 Inverness, FL 34450	Purpose of Disbursement D-0003-FL 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	500.00	
D. Full Name, Mailing Address and ZIP Code Jerry Nellier 1800 N. Division St., Ste. 212 Morris, IL 60450	Purpose of Disbursement R-11 -IL 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	500.00	
E. Full Name, Mailing Address and ZIP Code Greg Ganske 3907 Grand Ave. Des Moines, IA 50312	Purpose of Disbursement R-0004-IA 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	500.00	
F. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	1,000.00	
G. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	500.00	
H. Full Name, Mailing Address and ZIP Code Jon Christensen PO Box 540621 Omaha, NE 68154	Purpose of Disbursement - -NE 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	1,000.00	
I. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 98 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
	03/06/97	500.00	
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			200

